

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

V11020 16/1
APPLICANT(S)

12/2/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			2			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			2			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			2			
23						
24						
25						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55			1			
56						
57						
58						
59						
60						
61						
62						
63			1			
64			2			
65			1			
66						
67			1			
68					1	
69					1	
70					3	
71					3	
72					3	
73					3	
74					3	
75					3	
76					3	
77					3	
78					1	
79					1	
80					3	
81					①	
82					3	
83					3	
84					3	
85					3	
86					3	
87					3	
88					3	
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.						